

		Subclass	
	Class		ISSUE CLASSIFICATION

**PATENT NUMBER**

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**U.S. UTILITY Patent Application**

O.I.P.E.	PATENT DATE
M H KGS 3 Q.A. 103 SCANNED	

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/899991		381		2644	X

APPLICANTS

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Hearing aid with a self-test capability

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				<b>NOTICE OF ALLOWANCE MAILED</b>	
	(Assistant Examiner) _____ (Date)				
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent No. _____				<b>ISSUE FEE</b>	
	(Primary Examiner) _____ (Date)			Amount Due	Date Paid
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